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## FAX COVER SHEET

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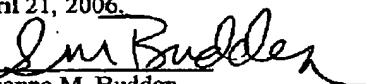
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Application Number	10/553,715
Filing Date	October 17, 2005
First Named Inventor	Hing
Art Unit	Not Yet Assigned
Examiner Name	
Attorney Docket Number	ZI001-08

I hereby revoke all previous powers of attorney given in the above-identified application.

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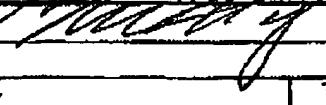
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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Eileen Chu Hing		
Date	10/20/06	Telephone	215-388-0858

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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